



**CITY OF BROCKTON**  
**PLANNING BOARD**

**RETURN TO ZBA CHECK LIST**

- ELEVEN SETS OF ALL MATERIAL MUST BE CORELATED INTO COMPLETE PACKETS AND FOLDED TO FIT INTO A 12X15 ENVELOPE. FAILURE TO DO THIS WILL CONSTITUTE AN INCOMPLETE SUBMISSION
- THE PLANNING OFFICE WILL NOTIFY ANY APPLICANT WITHIN 48 HOURS OF FILING **IF THE SUBMITTAL IS INCOMPLETE**
- A COMPLETE SUBMITTAL MUST CONTAIN ONE COPY OF THE FOLLOWING DOCUMENTATION UNLESS OTHERWISE STATED

Application: Completed and signed by applicant or their agent.

Old Plans: Plan that was denied by the Zoning Board of Appeals.

New Plans: Plan that reflects the proposed substantive change.

Current MLC: The MLC must reflect that there is no money owed to the City (one copy for the office).

Certified Abutters List: The applicant must notify all abutters by Certified Mail Return Receipt Requested (one copy of the list for the office). Notification to the abutters must be made a minimum of seven (7) days prior to the meeting. The "Certified Green Cards" must be presented at the meeting as proof of notification.

ZBA Denial: Zoning Board of Appeals minutes stating the denial of the project and showing that the appeal period has run out.

Filing Fee: Check in the amount of \$125 payable to the City of Brockton.

FORM I  
CITY OF BROCKTON  
APPLICATION TO THE PLANNING BOARD TO RETURN TO THE  
ZONING BOARD OF APPEALS

TO THE MEMBERS OF THE PLANNING BOARD:

The undersigned hereby requests permission to return to the Zoning Board of Appeals as described below:

Location of property \_\_\_\_\_

Plot \_\_\_\_\_ Assessor's Plan Number \_\_\_\_\_ Zoning \_\_\_\_\_

Type of structure (Existing or Proposed) \_\_\_\_\_

Owner's name \_\_\_\_\_

Owner's address \_\_\_\_\_

When did you acquire this property? \_\_\_\_\_

Date of Zoning Board of Appeals Denial \_\_\_\_\_

Has any previous appeal been made? ☐ Yes ☐ No

Section of Ordinance of which relief is requested \_\_\_\_\_

Reason for asking permission to return to the Zoning Board of Appeals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New or different information being submitted which might affect subsequent decision by the Zoning Board of Appeals \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

Notification to Abutters

A public hearing will be held on \_\_\_\_\_ at 7:00 PM in the GAR Room, City Hall, 45 School Street, Brockton regarding the following application:

Name of Applicant: \_\_\_\_\_

The above named applicant has filed an Application for approval of a

- ☐ Definitive Subdivision
- ☐ Modification Plan
- ☐ Request to Return to the Zoning Board of Appeals

with the City of Brockton Planning Board. The location where the activity is proposed is:

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Please give a brief explanation of the project. (If necessary use a separate sheet.)

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Copies of the application/plan may be examined at the Office of the City Planner, 45 School Street, Brockton, MA 02301 Monday through Friday from 8:30 Am to 4:00 PM.